

BEFORE THE FEDERAL COMMUNICATIONS COMMISSION  
WASHINGTON, D. C. 20554

In the Matter of Applications of )  
RESORT AVIATION SERVICES, INC. )  
For Renewal of Aeronautical Advisory )  
Station **WYT9**, Coeur d'Alene **Airport**, )  
Hayden, Idaho )  
and )  
KOOTENAI COUNTY COEUR )  
D'ALENE AIRPORT )  
For a New Aeronautical Advisory )  
Station at Coeur d'Alene Airport, )  
Hayden, Idaho )

WT DOCKET NO. 02-179

AFFIDAVIT OF KATHLEAN GARREN **IN**  
SUPPORT OF MOTION FOR SUMMARY  
DECISION

STATE OF IDAHO )  
ss. )  
COUNTY OF KOOTENAI )

Kathlean Garren, being first duly sworn, deposes and says:

From May, 1998 to the present date, I have been Operations  
Manager for Resort Aviation, Inc., at the Coeur d'Alene Airport. I have  
personal knowledge of all matters set forth in this affidavit.

I was trained as operator of the Unicom by Douglas Fifer, Chief  
Pilot for Resort Aviation, in 1997. Douglas Fifer is retired from the  
United States Navy and is Idaho Assistant Wing Leader for the Angel  
Flight. I received a certificate of training from Roy DeFranco. Resort

AFFIDAVIT OF KATHLEAN GARREN

No. of Copies rec'd 016  
List ABCDE 1

Aviation was assigned the Unicom license as part of the purchase of the physical facilities of Empire Airlines at the Coeur d'Alene Airport on October 15, 1996.

The renewal application of Empire Airlines dated June 16, 1993 is attached as Exhibit A. The application of Resort Aviation based on assignment from Empire Airlines dated October 9, 1996 is attached as Exhibit B. The radio station license as issued to Resort Aviation by the Federal Communications Commission on December 19, 1996 is attached as Exhibit C.

The FCC application for renewal signed and submitted by me on October 1, 2001 together with the letters mailed to the Coeur d'Alene Airport and to the only other Field Base Operator, Southfield Fuel, Inc., is attached as Exhibit D.

Each of the exhibits attached, A through F, is a true copy of the documents contained in our regularly kept business files of which I am the custodian.

Immediately upon receipt of the Unicorn license and related equipment, Resort Aviation commenced training of operators and development of instructions for operators.

Attached as Exhibit E is a copy of the Unicom manual kept at the speaker bearing date of February 25, 1997. This is a guide for users.


Attached as Exhibit F is the company policy on emergency situations developed June 29, 1997.

From the commencement of our Unicom operations to the present date, Resort Aviation has never received any complaint or notification of error in operation from the Coeur d'Alene Airport with the sole exception of the allegedly stuck microphone on Sunday night, August 26, 2001, reported in a letter from Greg Delavan, Airport Manager, on August 27, 2001. The microphone was replaced and no subsequent problem has arisen.

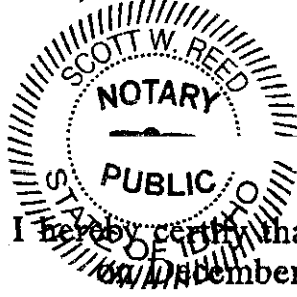
Our Unicom operators have reported and I am personally aware of several instances of unauthorized and inappropriate interference from persons identified as associated with Southfield Fuel, Inc.

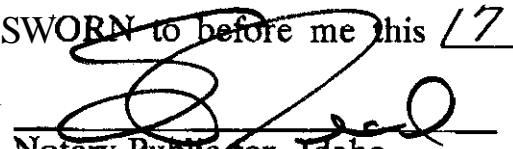
To the best of my knowledge, the operations of the Unicom by Resort Aviation from issuance to it of the license assigned by Empire Airlines to the present date have at all times been in full compliance with all applicable regulations and guidelines of the Federal Communications Commission and the Federal Aviation Administration.

Since May of **1998**, those Unicorn operations have been under my direct personal supervision and I have personally operated the Unicorn on **many** occasions.

  
Kathleen Garren

SUBSCRIBED AND SWORN to before me this 17 day of December, 2002.



  
Notary Public for Idaho  
Residing at Coeur d'Alene  
My Commission Expires: 7/31/03

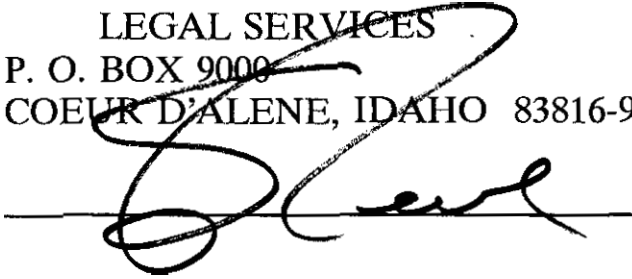
I hereby certify that a true and exact copy of the foregoing was sent on December 20, 2002 to:

ADMINISTRATIVE LAW JUDGE  
**ARTHUR I. STEINBERG**  
FEDERAL COMMUNICATIONS  
COMMISSION  
**445 12TH STREET, S.W., ROOM 1-C861**  
**WASHINGTON, D.C. 20054**  
**FAX (202) 418-0195**

DANA LEAVITT  
ATTORNEY AT LAW  
INVESTIGATIONS AND HEARINGS DIVISION  
FEDERAL COMMUNICATIONS COMMISSION  
**445 12TH STREET S. W. - ROOM 3-B443**  
**WASHINGTON, D. C. 20554**  
**FAX (202) 418-2644**

and by regular mail, postage prepaid to:

JOHN CAFFERTY, ESQ.  
KOOTENAI COUNTY DEPT. OF  
LEGAL SERVICES  
P. O. BOX 9000  
COEUR D'ALENE, IDAHO 83816-9000

A handwritten signature in black ink, appearing to read "John Cafferty", is written over a horizontal line. The signature is stylized with a large, looping initial "J" and a cursive "Cafferty".

UNITED STATES OF AMERICA  
FEDERAL COMMUNICATIONS COMMISSION

FOR  
FCC  
USE  
OF

07-07-93 8270312 002

**PRIVATE RADIO APPLICATION  
FOR RENEWAL, REINSTATEMENT AND/OR NOTIFICATION  
OF CHANGE TO LICENSE INFORMATION**

APPLICANT NAME **EMPIRE AIRLINES**

MAILING ADDRESS (Line 1) **11101 AIRPORT DRIVE**

MAILING ADDRESS (Line 2) **HAYDEN, ID. 83835**

CITY **HAYDEN, ID.**

STATE **IDAHO** & ZIP CODE **83835**

6. CALL SIGN OR OTHER FCC IDENTIFIER

**WJVB**

FEE TYPE CODE

8. FEE MULTIPLE

9. FEE DUE

FOR FCC USE ONLY

P B V 0 0 0 1

\$ 70.00

7000

0. PURPOSE OF APPLICATION

RENEWAL OF LICENSE (FEE REQUIRED)

☐ NOTIFICATION OF MAILING ADDRESS CHANGE  
(NO FEE REQUIRED)

☐ REINSTATEMENT OF LAND MOBILE LICENSE  
(FEE REQUIRED)

☐ NOTIFICATION OF STATION CLOSURE.  
CANCEL LICENSE LISTED IN ITEM 6  
(NO FEE REQUIRED)

☐ NOTIFICATION OF NAME CHANGE WITHOUT CHANGE  
IN OWNERSHIP, CORPORATE STRUCTURE OR ENTITY  
(NO FEE REQUIRED)

☐ LAND MOBILE NOTIFICATION OF CANCELLATION FOR  
CONVERSION TO PRIVATE CARRIER, (NO FEE REQUIRED)  
CANCEL THE FOLLOWING LICENSES:

FORMER NAME OF LICENSEE  
**CLEARWATER FLYING SERVICE**

11. RADIO SERVICE

**AVIATION GROUND**

12. LOCATION OF TRANSMITTER(S), (GIVE DESCRIPTION OF LOCATION SUCH AS STREET, CITY, STATE, COORDINATES, ETC.)

**11101 AIRPORT DRIVE, HAYDEN, IDAHO 83035**

13. FILE NUMBER

**810096 AFL**

14. CLASS OF STATION(S)

**UNICOM**

CERTIFICATION

Applicant waives all claims for the use of any specific frequency regardless of prior use by license or otherwise.  
Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons.

Neither applicant nor any member thereof is a foreign government or representative thereof.

Applicant certifies that all statements made in this application and attachments are true, complete, correct and made in good faith.

Applicant certifies that the signature that appears on this application is that of a person with the proper authority to sign on behalf of the party represented, as stated in USC, Title 47, Section 1.913.

By checking YES, the applicant certifies that, in the case of an individual applicant, he or she is not subject to a denial of federal benefits that includes FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 USC, Section 862, or, in the case of a non-individual applicant (e.g. corporation, partnership or other unincorporated association), no party to the application is subject to a denial of federal benefits, that includes FCC benefits, pursuant to that Section. For the definition of a "party" for these purposes, see 41 CFR, Section, 1.2002(b).

☒ YES

☐ NO

ALL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)) AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503)

SIGNATURE *W. J. Speer*

DATE **6/16/93**

FAILURE TO SIGN THIS APPLICATION MAY RESULT IN DISMISSAL OF THE APPLICATION AND FORFEITURE OF ANY FEES PAID.

## APPLICATION FOR

FOR  
FCC  
USE  
ONLY

ONLY

1. Applicant Name: <b>Resort Aviation Services Inc.</b>					
2. (A) Number and Street address: <b>P.O. Box 1018 II 101 Airport Drive</b>					
(B) Street address continuation: .....					
3. City: <b>Hayden</b>			4. State: <b>Idaho</b>		5. ZIP-Code: <b>83835-1018</b>
6. Call Sign (if applicable): <b>WJV3</b>	7. Fee Type Code: <b>FCC406</b>		8. Fee Multiple: <b>1</b>		9. Fee Due: <b>\$ 90.00</b>
10. Name of person to contact for questions: <b>William R. Galt</b> Phone #: <b>(772-497-1111)</b> AX #: <b>208 7125632</b>			19. Statement of Eligibility: <b>How we will use radios. To provide advisory service for landing and departing aircraft.</b>		
11. Applicant Status: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Governmental <input type="checkbox"/> Partnership <input type="checkbox"/> Association Entity					
12a. Class of Station (see instructions): <b>FAA</b>			12b. Service: <b>AF</b>		
13. Purpose of Application: <input type="checkbox"/> Renewal <input type="checkbox"/> New Station <input type="checkbox"/> Renewal with Modification <input type="checkbox"/> Modification <input checked="" type="checkbox"/> Assignment of Authorization			20. Transmitter Information (For additional space, use Item 43):		
Would a Commission grant of your application be an action which may have a significant effect as defined by Section 1.1307 of the Commission's Rules? If "YES", submit the statement as required by Sections 1.1308 and 1.1311. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			Quantity <b>1</b>	Manufacturer <b>Icom</b>	Type Number <b>IC-A200</b>
15. For a MOBILE STATION only, give detailed area of operation:			21. Proposed Hours of Operation: <b>7 AM- &amp; PM</b>		
16. For a GROUND FIXED POINT STATION only, give Name of Landing Area (if any): <b>Coeur'd Alene Airport</b>			22a. Frequencies (kHz or MHz) <b>122.8</b>		
17a. Number & Street or other indication of station location: <b>Same as App.</b>			22b. Bandwidth and Emission <b>6K00A3E</b>		
17b. City: _____ County: _____ State: _____			22c. Maximum Output Power: <b>10 WATTS</b>		
17c. Latitude: <b>N47-46.5N</b> Longitude: <b>W116-49.2 W</b>					
18. Location of Control Point(s) (Other than at the transmitter): <b>N. A.</b>			23. Operational Altitude (if applicable):		
			24. (Reserved)		

25. (Reserved)		26. (Reserved)	
27. Will service of the station be available to any aircraft desiring to use it? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
28. Antenna gain	29. Azimuth of Major Lobe if directional antenna is used N/A East of True North	30. Transmission line loss N/A db	31. Half power Beamwidth N/A
		32. Receiving Zone N/A	
Use the Antenna Arrangements shown below to answer items 33 through 40d			
ANTENNA ARRANGEMENTS (NOT TO SCALE)			
<p style="text-align: center;">Figure 1 Ground Mounted</p>		<p style="text-align: center;">Figure 2 Mounted on another structure</p>	
		<p style="text-align: center;">Figure 3 Mounted on an existing antenna structure</p>	
33. Which one of the above antenna arrangements is most similar to the proposed new station or station to be modified? <input type="checkbox"/> Figure 1 <input checked="" type="checkbox"/> Figure 2 <input type="checkbox"/> Figure 3 <input type="checkbox"/> Other: If a selection cannot be made from Figures 1-3, attach a diagram showing pertinent heights in meters.			
34. Give the overall height above ground to the tip of your antenna. (a) 40 feet		(a) meters	
35. Give the overall height above ground of the highest point of the structure. (b) 36 feet		(b) meters	
36. Give the ground elevation above mean sea level at the antenna site. (c) 2318'		(c) meters	
37. Provide a description of the structure on which the antenna is mounted (examples: building, tower, pole, etc.): Building			
Will antenna be mounted on a structure with an existing antenna? If YES, give call sign and radio service of existing licensee. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO   Call Sign:   Radio Service:			
39a. Give the name of the nearest aircraft landing area: Coeur d' Alene Airport		39b. Give the distance to the nearest runway: 600 feet	39c. Give the direction to the nearest runway: West
40a. Has Notice of Construction or Alteration been filed with the FAA? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	40b. Date Notice Was Filed: 10-09-96	40c. Name Under Which Filed: Resort Aviation Ser Inc.	40d. FAA Office Where Filed: Spokane, Wa
Radionavigation Land AIRPORT CONTROL TOWER Automatic Weather Observation Stations		41a. FAA Regional Office Notified:	41b. Date of Notification:

THIS SECTION APPLIES ONLY TO APPLICANTS FOR AERONAUTICAL ENROUTE AND AERONAUTICAL FIXED STATIONS.

APPLICANTS MUST CERTIFY THAT THEY ARE NOT:

1. An alien or the representative of any alien;
2. A corporation organized under the laws of any foreign government;
3. A corporation of which any officer or director is an alien or of which more than one-fourth of the capital stock is owned of record or voted by aliens or their representatives or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country.
4. A corporation directly or indirectly controlled by any other corporation of which any officer or more than one-fourth of the directors are aliens or of which more than one-fourth of the capital stock is owned of record or voted by aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country.

DOES APPLICANT SO CERTIFY?

YES

☐ NO



43. REMARKS/ADDITIONAL INFORMATION

ALL APPLICANTS MUST COMPLETE CERTIFICATION, SIGN AND DATE APPLICATION

READ CAREFULLY BEFORE SIGNING

- Applicant waives any claim to the use of any particular frequency regardless of prior use by license or otherwise.
  - Applicant will have unlimited access to the radio equipment and will control access to exclude unauthorized persons.
  - Neither applicant nor any member thereof is a foreign government or representative thereof.
  - Applicant certifies that all statements made in this application and attachments are true, complete, correct, and made in good faith.
- \*Applicant certifies that the signature is that of the individual, or partner, or officer or duly authorized employee of a corporation, or officer who is a member of an unincorporated association, or an appropriate elected or appointed official on behalf of a governmental entity.
- \*Neither the applicant nor any other party to the application is subject to a denial of Federal benefits, that includes FCC benefits, pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. Section 862, because of a conviction for possession or distribution of a controlled substance.

WILLFUL FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(A)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

*Fred M. Miller President*

*9/24/1999*

SIGNATURE

*William B. Ley*

DATE *10 Oct 1996*

FCC NOTICE TO INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT OF 1980  
The solicitation of personal information requested in this form is authorized by the Communications Act of 1934, as amended. The Commission will use the information provided in this form to determine whether grant of this application is in the public interest. In reaching that determination, or for law enforcement purposes, it may become necessary to refer personal information contained in this form to another government agency. In addition, all information provided in this form, as well as the form itself, will be available for public inspection. If information requested on the form is not provided, processing of the application may be delayed or the application may be returned without action pursuant to Commission rules. The foregoing notice is required by the Privacy Act of 1974, Public Law 93-579, December 31, 1974. 5 U.S.C. Section 552(a)(3) and the Paperwork Reduction Act of 1995, Public Law 104-13, October 1, 1995, 44 U.S.C. 3507.

## FEDERAL COMMUNICATIONS COMMISSION

Approved by OMB

3000-0127

Expires 4/30/97

See below for public  
burden estimate**ASSIGNMENT OF AUTHORIZATION**

To be used in the Private Radio Services indicated below, where the present licensee's activities are intended to be continued under new ownership.

1. The present licensee completes the information requested below.
2. This form is then attached to the proper application form (see below) which has been completed by the party requesting the station license, the assignee.
3. If more than one authorization is involved, use a separate Assignment of Authorization and a separate application form for each requested authorization.

**INVOLUNTARY ASSIGNMENT**

In the event of the assignor's death or legal disability, it is requested that, in lieu of the declaration appearing below, you submit a copy of the court order or other documentary proof that you are the person legally qualified to succeed to the assignor's business assets, or a statement explaining the circumstances under which control must be involuntarily transferred to the assignee, accompanied by the appropriate application form (see below) for assignment of each such authorization.

**Radio Service Application Forms****Commission Rules**

FCC Form 600 - Application for Mobile Radio Service Authorization or Rural Radiotelephone Service Authorization -	90.119
FCC Form 402 - Application for Station Authorization in the Private Operational Fixed Microwave Radio Service	94.27
FCC Form 406 - Application for Ground Station Authorization in the Aviation Services	87.21
FCC Form 503 - Application for Land Radio Station License in the Maritime Services	80.19

**CURRENT AUTHORIZATION**

Radio Service <i>Aviation Ground</i>	Licensee Name and Station Location <i>Empire Airlines 1101 Airport Drive Hayden ID 83835</i>
Call Sign <i>WJSV3</i>	
Name of Assignor (include title, if applicable) <i>Carol McMahon, FBO manager</i>	Assignor's Signature and Date <i>Carol McMahon 10/9/96</i>

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llon of

FCC 1046

# RADIO STATION LICENSE

## AVIATION SERVICES

Cr. Sign	Radio Service	License Issue Date	License Expiration Date
Selective Calling	File Number 839455	CP Number	Geographic Marine
		Aviation Identifier	Coast Identity

RESORT AVIATION SERVICES  
11101 AIRPORT DR  
PO BOX 1018  
HAYDEN

961220N 64 1 1Z

ID 838351018

### STATION TECHNICAL SPECIFICATIONS

FCC ID	Frequencies	Station Class	Emission Designator	Output Power (Watts)	Hours of Operation	Ground Elevation	Antenna Height & Tip	Antenna Latitude	Antenna Longitude
1:	MOO122.80000	FAA	IK00A3E	10.0000		2318	40	47-46-30	116-49-12
	TRANSMITTER STREET ADDRESS				CITY			COUNTY	STATE
1:	COEUR D'ALENE AIRPORT				HAYDEN LAKE			KODTENAI	ID
1:	TRANSMITTER NUMBER								
ADMIN NOTE: SEE ATTACHED									
STATION CLASS: FAA AERONAUTICAL ADVISORY (UNICON)									

EMISSION DESIGNATOR(S) CORRELATED TO COORDINATE TO OE DESIGNATOR(S) SET OUT IN ART 2.01

## FEDERAL COMMUNICATIONS COMMISSION

THIS LICENSE IS NOT TRANSFERABLE AND IS SUBJECT TO  
CONDITIONS OF GRANT ON REVERSE



TRANSMITTERS MUST BE TYPE ACCEPTED UNDER THE APPROPRIATE FCC RULES FOR YOUR RADIO SERVICE. GRANTING OF THIS AUTHORIZATION DOES NOT IMPLY THAT THE FCC HAS ACCEPTED OR REJECTED YOUR PROPOSED TRANSMITTERS. THIS AUTHORIZATION BECOMES INVALID AND MUST BE RETURNED TO THE COMMISSION IF THE STATIONS ARE NOT PLACED IN OPERATION WITHIN EIGHT MONTHS UNLESS AN EXTENSION OF TIME HAS BEEN GRANTED.

## EXHIBIT D

public burden estimate

AF	AF
----	----

2) NE-New <u>RO</u> Renewal Only CO Consolidate Call Sign NT Required Notifications	
3b) If this request is for Special Temporary Authority due to an emergency situation, enter "Y"; otherwise enter "N". Refer to Rule 1.915 for an explanation of situations considered to be an emergency.	(N) Yes No
4) If this request is for an Amendment or Withdrawal, enter the file number of the pending application currently on file with the FCC.	File Number N/A
5) If this request is for a Modification, Renewal Only, Renewal/Modification, Cancellation of License, Consolidate Call Signs, Duplicate License, or Administrative Update, enter the call sign of the existing FCC license.	Call Sign WYT9
6) If this request is for a New, Amendment, Renewal Only, or Renewal/Modification, enter the requested authorization expiration date (this item is optional).	MM DD
7) Is this request "major" as defined in Section 1.929 of the Commission's Rules when read in conjunction with the applicable radio service rules found in Parts 22 and 90 of the Commission's Rules? (NOTE: This question only applies to certain site-specific applications. See the instructions for applicability and full text of Section 1.929).	12 (Y) Yes No
3a) Does this filing request a Waiver of the Commission's rules? If "Yes", attach an exhibit providing rule numbers and explaining circumstances.	(N) Yes No
3b) If a feeable waiver request is attached, multiply the number of stations (call signs) times the number of rule sections and enter the result.	N/A
3c) Are the frequencies or parameters requested in this filing covered by grandfathered privileges, previously approved by waiver, or functionally integrated with an existing station?	(N) Yes No
3) Are attachments being filed with this application?	(N) Yes No

10a) Taxpayer Identification Number: 820420293	10b) SSN: [REDACTED]	10c) FCC Registration Number (FRN): [REDACTED]
11) Applicant license is a(n): (C) Individual Unincorporated Association Trust Government Entity Joint Venture Corporation		
[REDACTED]		Suffix: [REDACTED]
14) Name of Real Party in Interest of Applicant Resort Aviation Services, Inc.		
15) Taxpayer Identification Number: 820420293		

16) Attention To:			
Resort Aviation Services, Inc.			
17) P.O. Box:	And or	18) Street Address:	
1018		11101 Airport Dr..	
19) City:		20) State:	21) Zip:
Hayden		ID	83835
208-772-3731		200-772-5632	
24) E-Mail Address			

			Suffix:
	/Or		
34) E-Mail Address:			

36) This filing is for authorization to provide the following type(s) of radio service (enter all that apply):			
<input checked="" type="checkbox"/> Fixed	<input type="checkbox"/> Mobile	<input type="checkbox"/> Radiolocation	<input type="checkbox"/> Satellite (sound) <input type="checkbox"/> Broadcast Services
37) Interconnected Service?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

38) Is the applicant exempt from FCC application fees?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
39) Is the applicant exempt from FCC regulatory fees?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

40) Is the applicant a foreign government or the representative of any foreign government?	( N ) <u>Yes</u> No
41) Is the applicant an <b>alien or the representative of an alien</b> ?	( N ) <u>Yes</u> No
42) Is the applicant a corporation organized under the laws of any foreign government?	( N ) <u>Yes</u> No
43) Is the applicant a corporation of which more than <b>one-fifth</b> of the capital stock is owned of record or voted by <b>aliens or their representatives</b> or by a foreign government or representative thereof or by any corporation organized under the laws of a foreign country?	( N ) <u>Yes</u> No
44) Is the applicant directly or indirectly controlled by any other corporation of which more than <b>one-fourth</b> of the capital stock is owned of record or voted by <b>aliens, their representatives, or by a foreign government or representative thereof, or by any corporation organized under the laws of a foreign country?</b>	( N ) <u>Yes</u> No

**Basic Qualification Questions (If any answer is Yes, attach exhibit explaining circumstances.)**

45) Has the applicant or any party to this application or amendment had any FCC station authorization, license, or construction permit revoked or had any application for an initial, modification or renewal of FCC station authorization, license, construction permit denied by the Commission?	( N ) <u>Yes</u> No
46) Has the applicant or any party to this application or amendment, or any party directly or indirectly controlling the applicant, ever been convicted of a felony by any state or federal court?	( N ) <u>Yes</u> No
47) Has any court finally adjudged the applicant or any party directly or indirectly controlling the applicant guilty of unlawfully monopolizing or attempting unlawfully to monopolize radio communication; directly or indirectly, through control of manufacture or sale of radio apparatus, exclusive traffic arrangement, or any other means or unfair methods of competition?	( N ) <u>Yes</u> No
48) Is the applicant or any party directly or indirectly controlling the applicant currently a party in any pending matter referred to in the preceding two items?	( N ) <u>Yes</u> No

**Aeronautical Advisory Station (Unicom) Certification**

49) ( <u>X</u> ) I certify that the station will be located on property of the airport to be served, and, in cases where the airport does not have a control tower, RCO, or FAA flight service station, that I have notified the owner of the airport and all aviation service organizations located at the airport within ten days prior to application.
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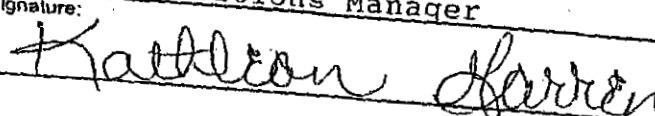
Race:	American Indian or Alaska Native:	Asian:	Black or African-American:	Native Hawaiian or Other Pacific Islander:	White:
Ethnicity:	Hispanic or Latino:	Not Hispanic or Latino:			
Gender:	Female:	Male:			

# General Certification Statements

- 1) The applicant waives any claim to the use of any particular frequency or of the electromagnetic spectrum as against the regulatory power of the United States because of the previous use of the same, whether by license or otherwise, and requests an authorization in accordance with this application.
- 2) The applicant certifies that grant of this application would not cause the applicant to be in violation of any pertinent cross-ownership, attribution, or spectrum cap rule.
- \*If the applicant has sought a waiver of any such rule in connection with this application, it may make this certification subject to the outcome of the waiver request.
- 3) The applicant certifies that all statements made in this application and in the exhibits, attachments, or documents incorporated by reference are material, are part of this application, and are true, complete, correct, and made in good faith.
- 4) The applicant certifies that neither the applicant nor any other party to the application is subject to a denial of Federal benefits pursuant to Section 5301 of the Anti-Drug Abuse Act of 1988, 21 U.S.C. § 862, because of a conviction for possession or distribution of a controlled substance. This certification does not apply to applications filed in services exempted under Section 1.2002(c) of the rules, 47 CFR § 1.2002(c). See Section 1.2002(b) of the rules, 47 CFR § 1.2002(b), for the definition of "party to the application" as used in this certification.
- 5) The applicant certifies that it either (1) has a current Form 602 on file with the Commission, (2) is filing an updated Form 602 simultaneously with this application, or (3) is not required to file Form 602 under the Commission's Rules.
- 6) The applicant certifies that the facilities, operations, and transmitters for which this authorization is hereby requested are either: (1) categorically excluded from routine environmental evaluation for RF exposure as set forth in 47 C.F.R. 1.1307(b); or, (2) have been found not to cause human exposure to levels of radiofrequency radiation in excess of the limits specified in 47 C.F.R. 1.1310 and 2.1093; or, (3) are the subject of one or more Environmental Assessments filed with the Commission.

Signature:

51) Typed or Printed Name of Party Authorized to Sign

First Name:	Kathleen	MI:	Last Name:	Garren	Suffix:
52) Title:	Operations Manager				
Signature:					53) Date:
					10/10/01

Failure To Sign This Application May Result In Dismissal Of The Application And Forfeiture Of Any Fees Paid

WILLFUL FALSE STATEMENTS MADE ON THIS FORM OR ANY ATTACHMENTS ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. Code, Title 18, Section 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. Code, Title 47, Section 312(a)(1)), AND/OR FORFEITURE (U.S. Code, Title 47, Section 503).

<b>READ INSTRUCTIONS CAREFULLY</b> <b>BEFORE PROCEEDING</b>		<b>FEDERAL COMMUNICATIONS COMMISSION</b> <b>REMITTANCE ADVICE</b>		3060-0589 Approved by OMB Page No. 1 of 1	
(1) LOCKBOX # 358245		SPECIAL USE FCC USE ONLY			
<b>SECTION A - PAYER INFORMATION</b>					
(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) (4) STREET ADDRESS LINE NO. 1 P.O. Box 1018, 11101 Airport Dr.				(3) TOTAL AMOUNT PAID (U.S. Dollars and cents) \$145.00	
(5) STREET ADDRESS LINE NO. 2					
(6) CITY <b>Havden</b>				(7) STATE ID	(8) ZIP CODE 83835
(9) DAYTIME TELEPHONE NUMBER (include area code) 208-772-3731		(10) COUNTRY CODE (if not in U.S.A.)			
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>					
(11) PAYER (FRN) N/A		(12) PAYER (TIN) 820420293			
<b>IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B</b>					
(14) STREET ADDRESS LINE NO. 1					
(15) STREET ADDRESS LINE NO. 2					
(16) CITY				(17) STATE	(18) ZIP CODE
(19) DAYTIME TELEPHONE NUMBER (include area code)		(20) COUNTRY CODE (if not in U.S.A.)			
<b>FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED</b>					
(21) APPLICANT (FRN)		(22) APPLICANT (TIN)			
<b>COMPLETE SECTION C FOR EACH SERVICE. IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET</b>					
(23A) CALL SIGN/OTHER ID WYT9		(24A) PAYMENT TYPE CODE PBVR		(25A) QUANTITY 1	
(26A) FEE DUE FOR (PTC) \$145.00		(27A) TOTAL FEE \$145.00		FCC USE ONLY	
(28A) FCC CODE 1		(29A) FCC CODE 2			
(23B) CALL SIGN/OTHER ID		(24B) PAYMENT TYPE CODE		(25B) QUANTITY	
(26B) FEE DUE FOR (PTC)		(27B) TOTAL FEE		FCC USE ONLY	
(28B) FCC CODE 1		(29B) FCC CODE 2			
<b>SECTION D - CERTIFICATION</b>					
(30) CERTIFICATION STATEMENT I, <u>Kathleen Garren</u> , certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief. SIGNATURE <u>Kathleen Garren</u> DATE <u>10/10/01</u>					
<b>SECTION E - CREDIT CARD PAYMENT INFORMATION</b>					
(31) <input type="checkbox"/> MASTERCARD		MASTERCARD/VISA ACCOUNT NUMBER:			EXPIRATION DATE:
<input type="checkbox"/> VISA		I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described. SIGNATURE _____ DATE _____			



**RESORT AVIATION SERVICES, INC.**

P.O. Box 1018 • 11101 AIRPORT DR.  
HAYDEN LAKE, ID 83835  
(208) 772-3731 • FAX (208) 772-5632

Coeur d' Alene Airport  
11401 Airport Dr.  
Hayden, ID 83835

September 28, 2001

We are submitting an application for renewal of the Unicom license, WYT9.

Sincerely,

*Fred M. Miller*

Fred M. Miller  
President

Cc: file

esort  
xhibit 3

**RESORT AVIATION SERVICES, INC.**

P.O. BOX 1018 • 11101 AIRPORT DR.  
HAYDEN LAKE, ID 83835  
(208) 772-3731 • FAX (208) 772-5632

Southfield Fuel, Inc.  
10390 N. Sensor  
Hayden, ID 83835

September 28, 2001

We are submitting an application for renewal of the Unicom license, WYT9.

Sincerely,

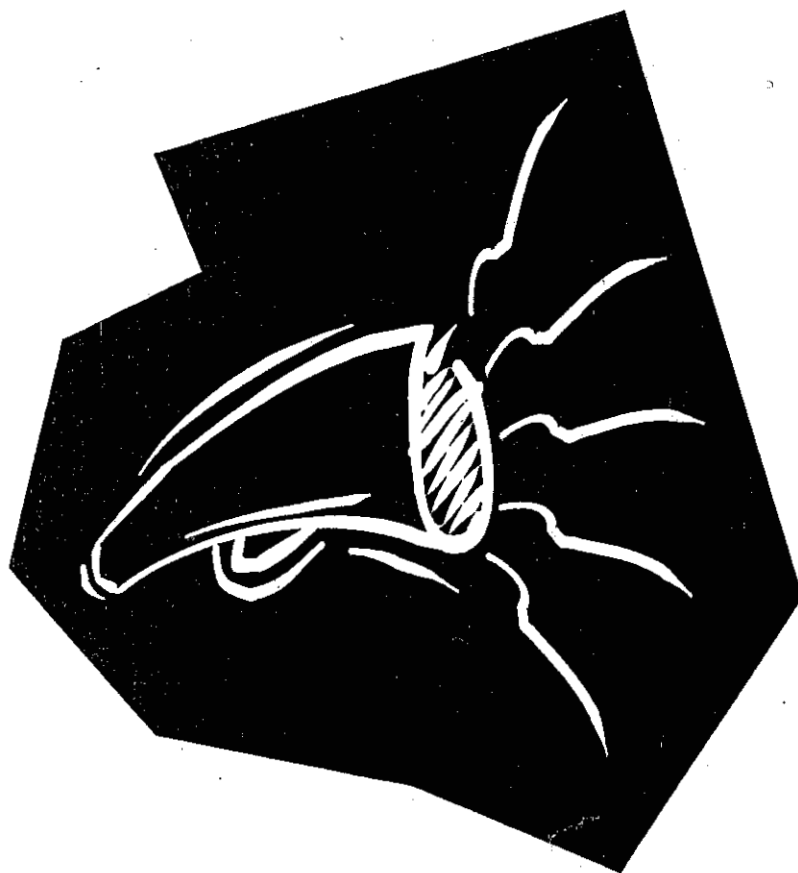
*Fred M. Miller*

Fred M. Miller  
President

Cc: file

EXHIBIT E

# UNICOM



2/25/97

## AVIATION – UNICOM

FAA = ~~COE~~ IS CDA AIRPORT IDENTIFIER

**4 RUNWAYS: 01/19, 05/23**

### **PATTERNS:**

Runways are numeral – Anything landing on **Runway 01** would be **RIGHT-HAND** pattern.

Taxiways are letters – Alpha, Bravo, Charlie, Delta, Echo

**Runways 05 – 19 – 23 – All would be left-hand pattern.**

WINDS FROM – Always that terminology – Pilots always land into WINDS direction.

### **TAXIWAYS**

- A** In front of Resort (runs parallel to Runway 01/19)
- B** Far right (off Runway 01/19)
- C** Middle (off Runway 01/19)
- E** Far left (off Runway 01/19)

**Taxiway D** is taxiway that connects 01/19 and 05/23 runways.

**Our location: Mid-field off Taxiway Alpha**

### **LIGHTS ON FIELD**

Unicom microphone turns on lights:

**3 Flicks** – Low intensity

**5 Flicks** – Medium intensity

**7 Flicks** – High intensity

### **RUNWAY MARKINGS**

White – Length of runways

Red – Last 1,000 yards of runway (lets pilot know runway is ending)

Blue – Taxiways

### **FREQUENCIES**

<b>AWOS</b>	(Weather Info)	<b>135.075</b>	<b>772-8215</b>
<b>Spokane Approach</b>		<b>132.1</b>	
<b>CTAF</b>		<b>122.8</b>	
<b>Resort Aviation</b>		<b>122.85</b>	
<b>VOR</b>		<b>108.8</b>	

Resort only gives verbal: Wind direction and speed and altimeter.

Example: Wind 260 at 10 knots, altimeter 30.20. Anything else you have to reference to AWOS.

**MARKERS FOR WIND ON FIELD:** Traffic pattern indicator (B windsock by Taxiway A),  
**Four windsocks:**

1. Mid Field
2. Approach End of Runway 01
3. Approach End of Runway 05
4. West End of Airport

Tetrahedron: Outline of plane, lighted at night, located next to mid-field windsock, points in direction of landing for aircraft.

Traffic Pattern Indicator: Shows left and right patterns for Runway 01/19. Located by windsock and tetrahedron.

### **PILOTS LINGO:**

Head straight out Runway 05  
Straight out Runway 05, 19, etc.  
Turning crosswind (going across wind direction)  
Downwind (with wind direction)  
Base leg (line up for final)  
Final (Ready to touch down)  
Extended Base (follow not above standard direction)

### **VOR**

Very high frequency, Omni radio, located mid-field, navigation aid to pilots  
Frequency 108.8

### **ALTIMETER**

(thousands of feet) (hundreds of feet)  
Short end points at 2^, long end points at 3^, and first indicator at tens of feet.  
Result: 2318 feet field elevation

Airport: 2318 MSL (mean sea level)  
All airport traffic pattern/pilots need to establish himself 800 feet AGL (above ground level)  
20 points per notch on elevation altimeter (adjust dial before reading, making sure it is set on 2318 for the elevation of airport, air pressure will move dial)  
Rotating insert – 2 per notch (for reading)

### **WIND DIRECTION**

Reading dial – arrow points to where the wind is coming from.

### **WIND SPEED**

Wind speed dial – each line is one knot (if wind speed is 5 knots or over, direction must be given)

Lingo for winds - Calm – No indication: favors Runway 19  
Light and Variable – 5 knots or less: favors Runway 19

**UNICOM – CTAF (common traffic advisory frequency)**

## PHONETIC ALPHABET

### TRW

APPLE  
BOY  
CHARLES  
DAVID  
EDWARD  
FRANK  
GEORGE  
HENRY  
IDA  
JOHN  
KING  
LINCOLN  
MARY  
NELLIE  
OCEAN  
PAUL  
QUEEN  
ROBERT  
SAM  
TOM  
UNION  
VICTOR  
WILLIAM  
XRAY  
YELLOW  
ZEBRA

### FLIGHT

ALPHA  
BRAVO  
CHARLIE  
DELTA  
ECHO  
FOXTROT  
GOLF  
HOTEL  
INDIA  
JULIETT  
KILO  
LIMA  
MIKE  
NOVEMBER  
OSCAR  
PAPA  
QUEBEC  
ROMEO  
SIERRA  
TANGO  
UNIFORM  
VICTOR  
WHISKEY  
XRAY  
YANKEE  
ZULU

## CHANGING THE SET NUMBERS ON UNICOM

1. UNICOM FREQUENCY = 122.80 LEFT SIDE
2. Resort **Aviation** FREQUENCY= 122.85 ON SQUACK BOX
3. AWOS = 135.075 RIGHT SIDE  
PHN#772-8215

WHEN CHANGING FREQUENCIES YOU DO THE FOLLOWING:

1. FAR RIGHT DIAL - TOP DIAL YOU HAVE TO PULL OUT TO RECEIVE PROPER NUMBERS WITH THE SMALL 5 AFTER NUMBERS BEHIND THE DECIMAL.
2. SECOND FAT DIAL - ADJUSTS NUMBERS BEFORE THE DECIMAL (3 NO.)
3. **BOTTOM LEFT OF** UNIT THE CLEAR **BUTTON** WITH ←-> (ARROW) SWITCHES YOU FROM FREQUENCIES RIGHT TO LEFT. THIS IS ONLY DONE WHEN CHECKING ALTIMETER READING WITH AWOS OR CHANGING TO TALK ON RESORTS 122.85.
4. VOLUME IS SINGLE SMALL DIAL MID-RIGHT OF UNIT, THIS MUST BE SET AT LEAST ON THE BLUE LINE INDICATED ON UNIT.

**\*\*NOTE: 122.80 MUST BE DISPLAYED ON LEFT SIDE AFTER CHECKING ANYOTHER FREQUENCY.\*\*\*\*\***

JUNE 29, 1997

Pg. 1 of 2

## COMPANY POLICY

Subject: Unicorn ▪ Emergency Situations

Departments: All

Employees Affected: All

Effective Date: Immediately

In the event of any emergency situation occurring on our ramp or airport runway/taxiway whether a crash or any type of emergency, the person responsible for unicorn coverage at that point in time, will follow these procedures listed below in the order listed.

1. Call 911 - give them as complete of a description as possible, and stay on the line until the 911 operator releases you.
2. Unicorn: If an accident has occurred on a taxiway or runway, announce that particular unit is closed. Continue to do so until either the airport staff, FAA, or Fire Department has released that unit to you.
3. Notify Airport Manager's Office
  - A. Business Hours: ask another employee to contact the Manager's office - the unicorn operator will not leave the 911 line to do so. If another employee is not available, notify the Manager as soon as possible or when 911 releases you.
  - B. After Business Hours:  
Contact Airport Manager or his alternate at the home phone numbers listed below:  
Greg Delevan: 664-6162  
Phil Cummings:  
Follow the same procedure as listed above "A".
4. Movement of damaged aircraft horn a taxiway/runway will be performed only



under the direct supervision of our Director of Maintenance. If he is not available, we do not move the aircraft.

These policies are binding upon all employees affected unless countermanded by this write

Fred M. Miller  
President

cc: Airport Manager  
Airport Board  
Policy Book